



**City of Sugar Land + Fort Bend County
Community Emergency Response Team (CERT)**

VOLUNTEER ENROLLMENT FORM

Class Date: _____

Last Name First Name Middle Initial

Address

City State Zip Code

() _____ () _____
Home Phone Work Phone

() _____
Cell Phone

Email Address: _____

Are you bi-lingual? Yes _____ No _____

If yes, what language:

Speak Read Write

Do you have a disability? Yes _____ No _____

If yes, list special accommodations needed:

EMERGENCY INFORMATION

In case of emergency, person to contact should be:

Name Relationship

Address City State Zip Code Phone

BACKGROUND INFORMATION

Date of Birth____ / ____ / ____ Last 4 Digits of Social Security # XXX-XX-____

Driver's License/I.D.#____ Class____ State Issued____ Expiration Date____

Have you ever been convicted of a crime other than minor traffic violations? Yes____ No____

Are you currently awaiting trial, on probation or parole? Yes____ No____

Name of current or most current Employer_____

Address City State Zip

Supervisor's Name____ Supervisor's Phone____

Dates: From____ To____ Reason for Leaving____

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification. Background Checks may be done at anytime.

Volunteer Signature Date

Please mail:

OR

Physical drop off:

Anjali Kanojia
PO Box 110
Sugar Land, Texas 77487-110

Sugar Land Fire Administration
10405 Corporate Dr
Sugar Land, TX 77478